

1-800-536-5197

JOSHUA WALLS  
[REDACTED]  
[REDACTED] IL [REDACTED]

Client: RESURGENT CAPITAL SERVICES LP  
Current Owner: LVNV FUNDING LLC  
Original Merchant: CREDIT ONE BANK, N.A.  
Original Creditor: CREDIT ONE BANK, N.A.  
Account Number: [REDACTED]  
Charge Off Date: 07-12-09  
Balance Due: \$1260.64

This account has been placed with our office for collection. Please pay in full to our office or call for arrangements.

When calling our office at 1-800-536-5197, please refer to account number [REDACTED].

As of the date of this letter, you owe the above referenced balance. Because of interest charges that may vary from day to day, the amount due on the day you pay may be greater. Hence, if you pay the amount shown above, an adjustment may be necessary after your check is received. For further information, write this office or call the above referenced number.

Sincerely,  
United Collection Bureau, Inc.

**DISCLOSURES REQUIRED BY FEDERAL LAW**

This is an attempt to collect a debt by UCB, Inc., a debt collector, and any information obtained will be used for that purpose.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt or any portion thereof, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

**SEE REVERSE SIDE FOR IMPORTANT INFORMATION**

ICU027000ADN

  
PO BOX 1116  
MAUMEE OH 43537  
ADDRESS SERVICE REQUESTED

*WJS*

**PLEASE RETURN THIS PORTION WITH PAYMENT. DO NOT ATTACH CHECK TO STUB.**

Client: RESURGENT CAPITAL SERVICES LP  
Account Number: [REDACTED]  
Balance Due: \$1260.64

☐ Please check box if address shown is incorrect or insurance information has changed, and indicate change(s) on reverse side.

JOSHUA WALLS  
[REDACTED]  
[REDACTED] IL [REDACTED]

UNITED COLLECTION BUREAU, INC.  
PO BOX 1116  
MAUMEE OH 43537

**EXHIBIT**

**C**

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**CALIFORNIA:** As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. But we will not submit a negative credit report to a credit reporting agency about this credit obligation until the expiration of the time period described in the notice on the front of this letter.

The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8 a.m. or after 9 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or [www.ftc.gov](http://www.ftc.gov). Nonprofit credit counseling services may be available in the area.

**COLORADO:** FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE [www.coloradoattorneygeneral.gov/ca](http://www.coloradoattorneygeneral.gov/ca). A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt. Payments can be made in person at: Colorado Manager, Inc., 80 Garden Center, Suite 3, Broomfield, Colorado 80020, 303-920-4763.

**IDAHO:** Toll Free 800-866-6228.

**MAINE:** Hours of Operation (EST): Monday through Thursday, 8:00 a.m. to 9:00 p.m.; Friday 8:00 a.m. to 8:00 p.m.; Saturday 8:00 a.m. to 12:00 p.m.

**MASSACHUSETTS: \*\*NOTICE OF IMPORTANT RIGHTS\*\*** You have the right to make a written or oral request that telephone calls regarding your debt not be made to you at your place of employment. Any such oral request will be valid for only ten days unless you provide written confirmation of the request postmarked or delivered within seven days of such request. You may terminate this request by writing to the debt collector. Hours of Operation (EST): Monday through Thursday, 8:00 a.m. to 8:00 p.m.; Friday 8:00 a.m. to 5:00 p.m.; Saturday 8:00 a.m. to 12:00 p.m.

**MINNESOTA:** This collection agency is licensed by the Minnesota Department of Commerce.

**NEW YORK CITY:** New York City Department of Consumer Affairs License Number 1004887

**NORTH CAROLINA:** North Carolina Permit Numbers: 3422, 3843, 4022 and 4367.

**TENNESSEE:** This collection agency is licensed by the Collection Service Board of the Department of Commerce and Insurance.

**UTAH:** As required by Utah law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations. But we will not submit a negative credit report to a credit reporting agency about this credit obligation until the expiration of the time period described in the notice on the front of this letter.

**WISCONSIN:** This collection agency is licensed by the Division of Banking, P.O. Box 7876, Madison, Wisconsin 53707.

**IF ANY OF THE FOLLOWING HAS CHANGED SINCE YOUR LAST STATEMENT, PLEASE INDICATE...**

Your Name \_\_\_\_\_

Street \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer Address \_\_\_\_\_